

# Michigan Health Information Technology Commission

2019 Annual Report



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## EXECUTIVE SUMMARY

The members of the Health Information Technology (HIT) Commission have developed the following report to detail the commission's findings and recommendations in 2019. This annual report provides strategic recommendations to standing committees of the Michigan Legislature.<sup>1</sup>

In the commission's 2018 annual report, the HIT Commission identified three topics to address. The commission began 2019 by discussing these topics, including the integration of physical and behavioral health, population health reporting, and healthcare transformation, at its first public meeting of 2019 alongside the Health Information and Management Systems Society (HIMSS). The commission identified that the State of Michigan currently does not have an updated strategic plan for HIT to coordinate its efforts to address these topics. The state's current HIT strategy, called the Conduit to Care report, was adopted in 2006 under the former-Governor Jennifer Granholm administration.<sup>2</sup> The strategy recommended a framework for establishing the Michigan Health Information Network (MiHIN). In 2019, the commission unanimously adopted two resolutions to plan for a process to update the Conduit to Care report. First, the commission dedicated itself to updating the state's HIT strategy and "create a 5-year strategy roadmap."<sup>3</sup> Second, the commission affirmed its role as project sponsor to lead the strategy refresh.<sup>4</sup>



To support this effort, the commission used its quarterly meetings in 2019 to explore strategic partnerships that will bolster its efforts in 2020. The commission invited HIMSS North America and its Michigan Chapter, and the federal Department of Health and Human Services' (HHS) Office of the National Coordinator for Health IT (ONC) to its April and September 2019 public meetings to discuss opportunities and joint initiatives. Both HIMSS and ONC committed to support Michigan as it updates its HIT strategic plan.

Along with planning for a strategy refresh, the commission discussed key statewide initiatives. The role of care coordination continued to be a focus for the commission, and MiHIN provided the commission updates on its Coordinating the Care Coordinators initiative. The use of data to drive outcomes was a priority for both the Michigan Department of Health and Human Services (MDHHS) and the commission. Together, MDHHS and the commission collaborated on

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<sup>1</sup> Pursuant to section 2505 of Public Act 137-2006

<sup>2</sup> Access to the Conduit to Care report:

[https://www.michigan.gov/documents/mihin/MiHIN\\_Report\\_Compress\\_v2\\_180321\\_7.pdf](https://www.michigan.gov/documents/mihin/MiHIN_Report_Compress_v2_180321_7.pdf)

<sup>3</sup> The February 26, 2019 resolution read: "Throughout the course of 2019, the Michigan Health Information Technology Commission will work to create a 5-year strategy roadmap for which the HITC will use to guide activities and functions. The process will include analyzing the current IT framework, making necessary changes to reach milestones that are important to the Commission. The HITC will develop guiding principles from which the vision, initiative, tactics and timelines will be drawn. The purpose of this process is to overcome barriers between behavioral and physical health and to connect care coordination at all points."

<sup>4</sup> The November 26, 2019 resolution read: "The Health Information Technology Commission adopts the workplan submitted to and approved by the Michigan Health Endowment Fund, and the commission affirms its role as project sponsor for the HIT strategy update."

strategies for data use and sharing, and ways to address social determinants of health (SDoH) using HIT.



Into 2020, the role of collaboration will be the focus of the HIT Commission. For the state to effectively leverage its HIT resources to address challenges in healthcare, it must first empower stakeholders to collectively decide how to identify goals and prioritize solutions. The final sections in this report detail how the commission will collaborate with stakeholders to update the Conduit to Care report in 2020. Furthermore, an updated HIT roadmap may also identify regulatory or legal barriers that restrict the effective use, sharing and reporting of health information. Throughout 2020, the HIT Commission may collaborate with other branches of state government, including the Michigan Legislature and the Executive Office of the Governor, to remove barriers to interoperability and advance the role of HIT in coordinating the care of Michiganders.

## THE COMMISSION AND ITS MEMBERS

The Michigan Legislature established Public Act 137 in 2006 to create the Michigan Health Information Technology (HIT) Commission.<sup>5</sup> The commission’s purpose, membership and operations are governed by section 2503 of Public Act 137-2006. The purpose of the HIT Commission is to “promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure in this state.” Members of the commission are appointed by the governor without the advice of the Michigan Senate.

Members of the HIT Commission represent a diverse range of sectors and expertise in healthcare across the State of Michigan. The commission has thirteen (13) members. Commission representation comprises of persons from both the public and private sector, with expertise in at least 1 of the following areas:

<i>Health information technology</i>	<i>Administration of health systems</i>	<i>Research of health information</i>	<i>Health finance, reimbursement, and economics</i>	<i>Health plans and integrated delivery systems</i>
<i>Privacy of health care information</i>	<i>Medical records</i>	<i>Patient care</i>	<i>Data systems management</i>	<i>Mental health</i>

Commissioners are appointed for four-year terms. At the start of 2020, there were no vacancies on the commission. The following persons served as commissioners at the start of 2020:

<i>Statutory Designation</i>	<i>Member</i>
(a) The director of the department (the Michigan Department of Health and Human Services [MDHHS]) or his or her designee	<b>Sarah Esty</b> Term expires August 3, 2023
(b) The director of the department of information technology (the Michigan Department of Technology, Management and Budget [DTMB]) or his or her designee	<b>Jack Harris</b> Term expires August 3, 2020
(c) One individual representing a nonprofit health care corporation operating pursuant to the nonprofit health care corporation reform act, 1980 PA 350, MCL 550.1101 to 550.1703	<b>Thomas Simmer, M.D.</b> <b>Commission Chairperson</b> Term expires August 3, 2021
(d) One individual representing hospitals	<b>Jonathon Kufahl</b> Term expires August 3, 2021

<sup>5</sup> Access to PA 137-2006: <http://www.legislature.mi.gov/documents/2005-2006/publicact/pdf/2006-PA-0137.pdf>

<i>Statutory Designation</i>	<i>Member</i>
(e) One individual representing doctors of medicine	<b>Michael Zaroukian, M.D., Ph.D., M.A.C.P., F.H.I.M.S.S.</b> Term expires August 3, 2023
(f) One individual representing doctors of osteopathic medicine and surgery	<b>Paul LaCasse, D.O., M.P.H.</b> Term expires August 3, 2023
(g) One individual representing purchasers or employers	<b>Pat Rinvelt</b> Term expires August 3, 2021
(h) One individual representing the pharmaceutical industry	<b>Rozelle Hegeman-Dingle, PharmD</b> Term expires August 3, 2020
(i) One individual representing schools of medicine in Michigan	<b>Norman Beauchamp, M.D.</b> Term expires August 3, 2021
(j) One individual representing the health information technology field	<b>Jim VanderMey</b> Term expires August 3, 2022
(k) One individual representing pharmacists	<b>Heather Somand, PharmD</b> Term expires August 3, 2022
(l) One individual representing health plans or other third-party payers	<b>Nicholas D'Isa</b> <b>Commission Chairperson</b> Term expires August 3, 2022
(m) One individual representing consumers	<b>Renée Smiddy, M.S.B.A.</b> Term expires August 3, 2022

## COMMISSION MEETINGS

The commission meets at least quarterly. During 2019, quorum was met at all meetings, as required by statute to conduct business. The following topics were discussed at each meeting:

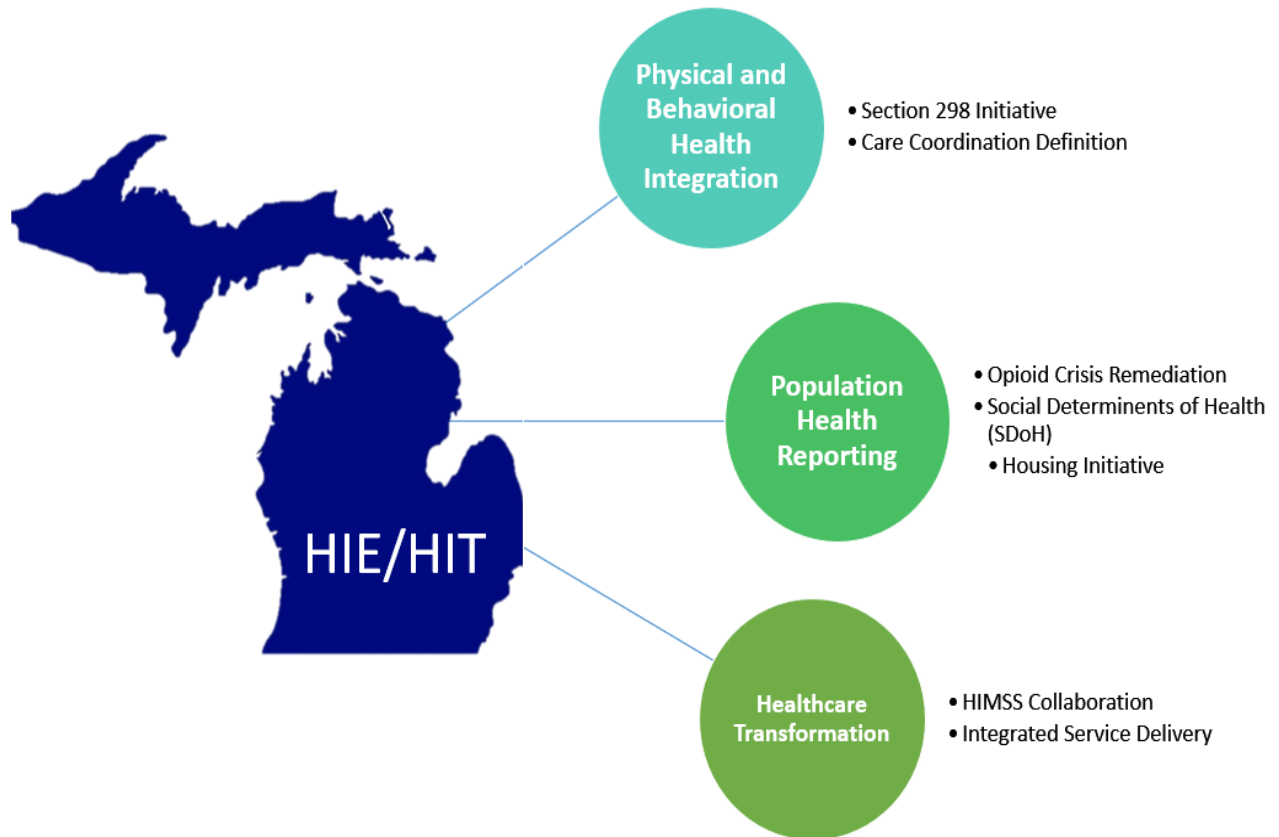
Month	Meeting Topic	Attendance
February	<p>The commission received an update on HIMSS and MDHHS activities and passed a resolution to update the state’s HIT strategic plan. The agenda included the following content:</p> <ul style="list-style-type: none"> <li>• Introduction to the Health Information and Management Systems Society (HIMSS)</li> <li>• HIT/Health Information Exchange (HIE) innovations in Michigan                             <ul style="list-style-type: none"> <li>○ Implementation of statewide HIE uses cases</li> <li>○ Use of regional HIEs</li> <li>○ Michigan payer incentives to utilize HIE</li> <li>○ Michigan’s HIT infrastructure acts as a leader and example of successful implementation for the nation</li> </ul> </li> <li>• Looking ahead to alignment of HIT as a tool to meet the priorities of the new administration (i.e. Governor Gretchen Whitmer and MDHHS Director Robert Gordon)</li> <li>• Capitalizing on the successes of the State Innovation Model by identifying needs and the next frontiers, and establishing a statewide HIT strategic roadmap</li> </ul>	<p>11 out of 13 commissioners participated in the February meeting.</p>
May	<p>The commission received updates on forthcoming federal regulations for HIT and made recommendations about its advisory role to MDHHS. The agenda included the following content:</p> <ul style="list-style-type: none"> <li>• Discussion about the second draft of Health and Human Services’ (HHS) Office of the National Coordinator for Health IT (ONC) proposed rulemaking in the Trusted Exchange Framework and Common Agreement (TEFCA)</li> <li>• Presentation on emerging technology solutions to national healthcare topics, such as response to the opioid crisis, emergence of telehealth, and integration of social determinants of health (SDoH) information into clinical decision-making</li> <li>• Explored a proposed commission strategy for HIT and HIE, with topics including:</li> </ul>	<p>10 out of 13 commissioners participated in the May meeting.</p>



	<ul style="list-style-type: none"> <li>○ Establishing a legal chain of trust</li> <li>○ Connecting all points of care</li> <li>○ Patient consent</li> <li>○ Opioid surveillance</li> <li>○ SDoH data integration</li> <li>○ Integration of physical and behavioral health</li> <li>● Began conversations about the role of the commission in advising MDHHS</li> </ul>	
September	<p>The commission learned from HHS about national initiatives to update states' HIT strategic plans and discussed statewide HIE initiatives. The agenda included the following content:</p> <ul style="list-style-type: none"> <li>● Discussed details about the approval of the state's HIE Advanced Planning Document (APD) by the Centers for Medicare and Medicaid Services (CMS), which funds statewide health technology projects through 2021</li> <li>● Provided an overview of the emerging data strategy in MDHHS, and its relation to the commission's efforts to update the state's HIT strategy</li> <li>● HHS formally announced its support for Michigan to update its HIT strategy.</li> <li>● By discussing federal policy levers for enhancing HIT and similar efforts, MiHIN presented on its work to advance interoperability and implement a statewide patient consent system, as part of CMS funded initiatives</li> </ul>	9 out of 13 commissioners participated in the September meeting.
November	<p>The commission looked ahead to 2020 and how it will implement a process to update the state's HIT strategic plan. The agenda included the following content:</p> <ul style="list-style-type: none"> <li>● HHS announced its interest in interviewing commissioners and leaders in the state's HIT infrastructure to better understand ways to improve HIT governance and state support</li> <li>● MDHHS presented a draft workplan to update the state's HIT strategy</li> <li>● Commissioners Sarah Esty and Jim VanderMey presented a recommendation to establish three new subcommittees to further explore elements of the state's HIT strategy</li> <li>● MiHIN and Great Lakes Health Connect (GLHC) provided information on their affiliation and a recap of their 2019 activities</li> </ul>	All 13 commissioners participated in the November meeting.

## UPDATE ON 2018 TOPICS

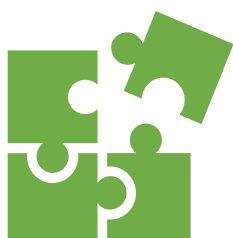
The 2018 HIT Commission Annual Report identified three topics for the commission to explore in 2019, as illustrated in the following graphic.



While the commission dedicated its focus in 2019 to planning for an update to the Conduit to Care report, the State of Michigan and MiHIN made strides to advance the priority initiatives identified under each of these topics. To summarize pertinent advancements of HIT in these topic areas, the following sections provide an update on efforts related to care coordination, social determinants of health (SDoH), and collaboration with partners, such as HIMSS.

## COORDINATING THE CARE COORDINATORS

At the commission's November 2019 public meeting, MiHIN presented an update on its 2019 activities. One of its 2019 activities was to begin development on a dedicated service to better coordinate the state's care coordinators. Funded through the Centers for Medicare and Medicaid Services (CMS) HIE Advanced Planning Document (APD), MiHIN was tasked with creating a mechanism to formally enable care coordinator registration and population of a directory where this information can be electronically maintained and shared among other active Care Team Members engaged in care coordination.



At the November commission meeting, MiHIN provided an update on its efforts to convene community focus groups to co-develop this service. In 2019, MiHIN convened focus groups to create a process to uniquely identify care coordinators to associate and manage distinct patient population's transitions of care. The Coordinating the Care Coordinator's focus group also developed a communication framework designed to streamline handoff expectations among care coordinators and establish rules of engagement for sharing SDoH information, referrals and two-step risk stratification.

In the future, MiHIN intends to begin piloting this service with select organizations in early 2020, while continuing to convene additional feedback sessions to continuously improve the state's ability to coordinator the Care Coordinators.

## SOCIAL DETERMINANTS OF HEALTH AND HEALTH INFORMATION TECHNOLOGY

According to a 2014 study by the Institute for Clinical Systems Improvement, it is estimated that 40% of general health and wellbeing is determined by socioeconomic factors, such as job status, community safety, and education level.<sup>6</sup> Consideration of these factors that affect health and wellbeing, known as the social determinants of health (SDoH), have increasingly attracted the attention of federal, state, and local health departments. In 2019, the potential for technology and data sharing to identify and track interventions of SDoH was a focus for the HIT Commission.

At the commission's May 2019 public meeting, HIMSS North America presented other states' strategies to leverage HIT for addressing SDoH. Notably, in states such as Massachusetts and

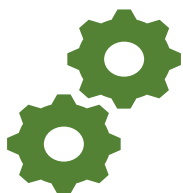
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<sup>6</sup> Institute for Clinical Systems Improvement (October 2014). "Going Beyond Clinical Wall: Solving Complex Problems." Retrieved from: <https://www.nrhi.org/uploads/going-beyond-clinical-walls-solving-complex-problems.pdf>

North Carolina, patient SDoH screenings or assessments were integrated with enterprise electronic medical record (EHR) platforms and HIE for statewide referral tracking and care coordination. This integration of non-clinical assessment and referral data with clinical records allows for broader public health reporting and program analysis, such as evaluation for health outcomes of public programs. HIMSS North America provided an overview of the statutory and policy changes required to facilitate these activities in other states. Notably, both Massachusetts and North Carolina enacted statute to support a legal and regulatory environment where interoperable data systems can share SDoH information between clinical and non-clinical systems.<sup>7</sup> Although a State of Michigan SDoH strategy, especially related to the use of HIT, has not yet been adopted, the HIT Commission explored the development of an emerging MDHHS enterprise data strategy.



At the commission's September 2019 public meeting, Commissioner Sarah Esty, MDHHS Senior Deputy Director for Policy and Planning, presented a framework for the development of a MDHHS data strategy. This strategy, which will seek to unlock the potential of coordinated data projects and greater data accessibility across the department, will enable MDHHS to maximize its use of existing data resources, especially to support the evaluation and public health reporting of important initiatives that address SDoH. This strategy will benefit the ongoing integration of health and human service care coordination in MDHHS. Given that the State of Michigan merged the Departments of Community Health and Human Services five years ago, the development of an enterprise data strategy will allow MDHHS to better leverage clinical and non-clinical data-sharing and analytic capabilities to drive outcomes related to key cross-component initiatives. Additionally, Commissioner Esty emphasized the importance of utilizing elements of the MDHHS data strategy as a baseline for the state HIT strategic plan refresh in 2020.



With its cross-functional approach to developing a state and government data and HIT strategy, MDHHS and the HIT Commission will work jointly to ensure that existing technology can be leveraged to produce optimal results. By the end of 2020, the emergence of a MDHHS data strategy and state HIT roadmap will enable Michigan to explore a plan for addressing SDoH using both statewide HIE and MDHHS capabilities. As the commission leads efforts to update the state's strategic plan for HIT, stakeholders and partnerships will enable the state to galvanize support for key HIE initiatives, such as those that could enhance statewide infrastructure to streamline SDoH screenings, referrals, and reporting. To this end, the emerging MDHHS and HIT Commission strategies will ultimately inform the Michigan Legislature and Executive Office of the Governor on stakeholder-driven data and

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<sup>7</sup> Enacted in MA as House Bill 2002 and in NC as Senate Bill 549

technology strategies that the State of Michigan can leverage to improve whole-person health and wellness for Michiganders.

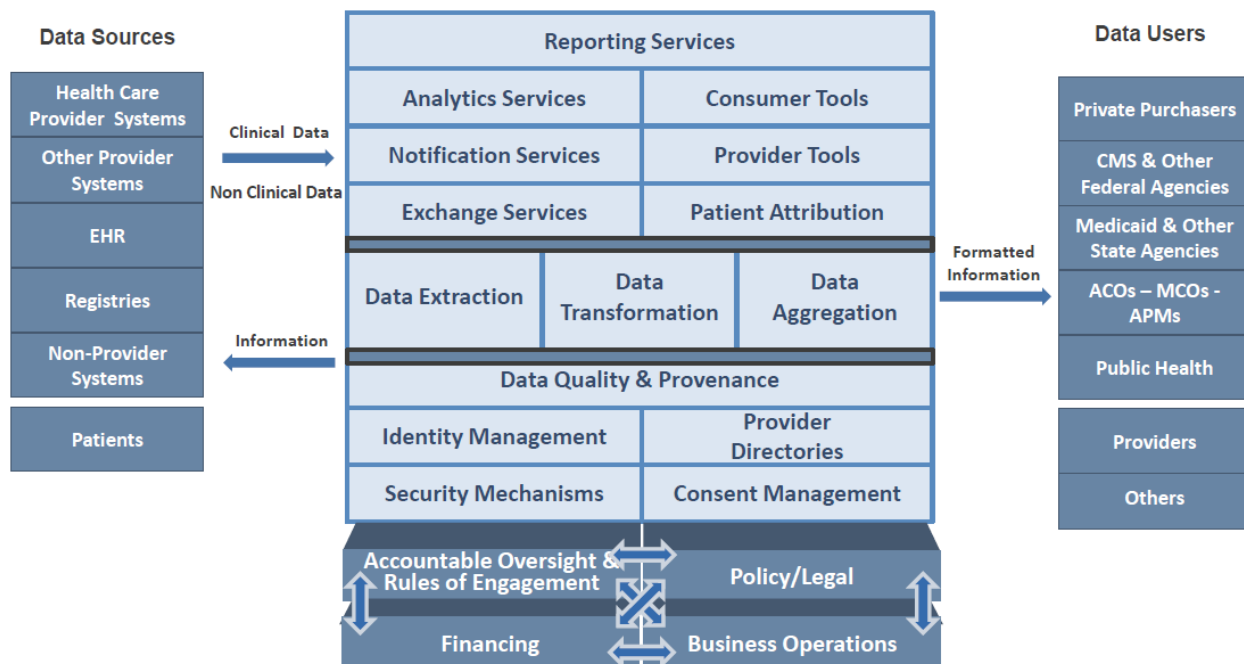
## STRATEGIC PARTNERSHIPS AND COLLABORATION

The HIT Commission reinforced several strategic partnerships in 2019. These partnerships provided valuable support, foresight and recommendations.

At the commission’s February and May 2019 public meetings, the commission invited HIMSS North America and the Michigan Chapter to discuss HIT strategic planning and technology innovations in healthcare. At each of the meetings, HIMSS reinforced the importance of driving consensus around HIT strategic planning and the value garnered from fostering community-driven decision-making for better use of and enhancements to statewide HIE systems. Notably, HIMSS North America and the Michigan Chapter committed to supporting the State of Michigan as it updates the Conduit to Care report and reconvenes stakeholders to discuss innovations and new frontiers in HIT.

At the commission’s September 2019 public meeting, the commission welcomed ONC to further explore how to advance modern healthcare delivery and care coordination using HIT. ONC presented two key points at the September meeting.

First, ONC described the importance of understanding the “health IT stack” and the importance of a supportive and comprehensive state HIT enterprise system. This “stack,” depicted in Figure 1, demonstrates the many sources, users and components needed for a supportive state health technology and data sharing infrastructure.



*Figure 1, "Health IT Modular Functions," courtesy of the Department of Health and Human Services' Office of the National Coordinator for Health IT, presentation to the HIT Commission on September 24, 2019*

By addressing the functionality of each module in the health IT stack, ONC described how the State of Michigan can further enhance its already robust data sharing infrastructure. The health IT stack also provided the commission a visualization of the data sources and data users that must be included as part of its strategic plan refresh in 2020.

Second, ONC reinforced the importance of conducting strategic planning for HIT. ONC described the benefits of creating an updated HIT roadmap, including:

- Ability to guide future state government investments
- Identify opportunities for developing sustainable shared HIE services that benefit the both private and government entities
- Opportunities to coordinate resources, funding and priorities across stakeholder groups
- Solidifying new or existing statewide HIT governance structures (e.g. the HIT Commission)

ONC concluded its presentation about the benefits of HIT strategic planning by listing the benefits that other states have achieved. Using the States of Colorado and Rhode Island as examples, HIT strategic planning resulted in the following successes:

- Fostered sustainability of and enhancements to transformative linkages as part of the State Innovation Model (SIM)
- Increased federal funding (up to \$64M) for HIT initiatives, based on the consensus and commitment to joint match dollars gained during the strategic planning process<sup>8</sup>
- Provided alignment with other state agency strategic plans, especially for cross-component data initiatives

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<sup>8</sup> Colorado Office of eHealth Innovation (July 25, 2019). "Colorado Announces New Health IT Roadmap Funding." Retrieved from: <https://www.colorado.gov/pacific/sites/default/files/CO%20HIT%20Roadmap%20Funding%20Press%20Release.pdf>

- Created communication channels for stakeholders to be informed and involved, especially on implementation and progress of key data sharing projects

Finally, in providing the commission with recommendations for pursuing an updated HIT strategic plan, ONC also dedicated their support to the State of Michigan. As a long-standing partner of the commission and State of Michigan, ONC dedicated technical assistance to discover barriers, successes, and opportunities in HIT. ONC described its interest in facilitating cross-cutting engagement with the commission and leaders of the state’s trusted data sharing network to solidify new partnerships and foster further modes of meaningful engagement. Given the nationally renowned status of Michigan’s HIT enterprise, ONC expressed its interest in seeing Michigan advance the role of HIT in serving healthcare and its capabilities to effectively address the Quadruple Aim. As illustrated in Figure 2, the Quadruple Aim, an enhanced version of the Institute for Healthcare Improvement’s Triple Aim, “serves as the foundation for organizations and communities to successfully navigate the transition from a focus on health care to optimizing health for individuals and populations.”<sup>9</sup>

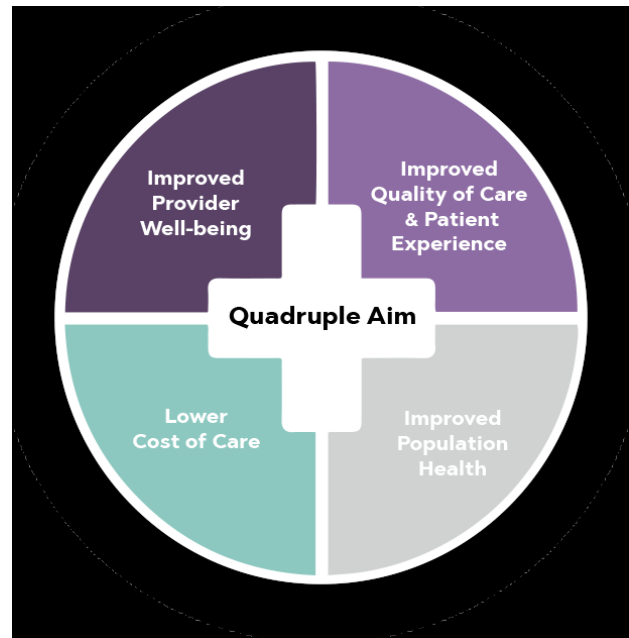


Figure 2, “Quadruple Aim,” Michigan Health Improvement Alliance, retrieved from: <https://mihia.org/quadruple-aim/>

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<sup>9</sup> Institute for Healthcare Improvement. “Triple Aim for Populations.” Retrieved from: <http://www.ihl.org/Topics/TripleAim/Pages/default.aspx>

## PREVIEW OF 2020 HIT COMMISSION ACTIVITIES

In 2020, the HIT Commission will use forward-thinking to advance the role of HIT. The commission will develop a statewide HIT strategy and an enhanced governance model to support future implementation. To achieve these aims, the following roadmap will be used.



The following sections describe the activities the commission will pursue to achieve each aim.



## INTRODUCTION

In 2019, MDHHS and the HIT Commission applied to the Michigan Health Endowment Fund (“the Health Fund”), as part of its 2019 Special Projects and Emerging Ideas grant, for funding to facilitate the update of the state’s HIT strategic plan.<sup>10</sup> The application to fund the HIT strategic plan update was approved by the Health Fund in November 2019.



The Health Fund recognized the need to update the state’s HIT strategy. The state’s current HIT strategic plan, called the Conduit to Care report, was adopted in 2006. The report, which compiled extensive stakeholder input, recommended a framework to create a network of networks HIE infrastructure in Michigan, centralized under the shared services of MiHIN. Over the past decade, MiHIN has been operationalized and maintained under the guidance of the HIT Commission, and MiHIN now maintains a robust statewide data sharing enterprise. A decade has passed since this report was first implemented.

Today, with MiHIN established and operational, the foundational elements of the Conduit to Care report may not reflect the current reality of healthcare in Michigan. Over the past decade, the systems that support health care delivery and operations have evolved. The pressing health needs and care coordination required to support citizen wellbeing have shifted. Federal regulation and policies related to HIT are also changing. Recently, HHS proposed rulemaking to shift the nation towards greater interoperability of health care systems. These regulations, such as those described in the 21st Century Cures Act and proposed interoperability rules for Medicaid systems and by ONC, have the potential to transform HIT and access to data.<sup>11</sup> With the advent of these policies, MDHHS and the commission can produce a timely update to the Conduit to Care report, and it can capitalize on the interest and feedback from its stakeholders, federal partners and other state agencies to align under a common plan to address the future.



With the support of the Health Fund, MDHHS and the commission can expand their capacity to collect the cross-cutting input needed from stakeholders across healthcare, community services, and government agencies. In 2020, the entirety of the Health Fund grant will be dedicated to enabling a meaningful strategic planning process to occur, with the proper dedicated resources, and it will enable any engagement and future goal setting to achieve broader aims.

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<sup>10</sup> The Michigan Health Endowment Fund works to improve the health and wellness of Michigan residents and reduce the cost of healthcare, with a special focus on children and older adults. The foundation has five annual grant programs. For more information about the Health Fund and its grantmaking, visit [www.mihealthfund.org](http://www.mihealthfund.org).

<sup>11</sup> Such as CMS proposed rule RIN 0938-AT79 and ONC proposed rules for the Trusted Exchange Framework and Common Agreement (TEFCA)

## STEP #1: BUILD UPON SUCCESS

The State of Michigan is nationally renowned for its HIE capabilities and infrastructure. Many states do not have a centralized model for statewide health information sharing; however, MiHIN, in its network of networks model, extends scalable HIE services across the entire State of Michigan. MiHIN has a robust service offering that streamlines the sharing of critical electronic health information (EHI), thus informing providers of major patient health events. MiHIN's capabilities expanded further in 2019. In November 2019, MiHIN announced an affiliation with the state's largest HIE hub, Great Lakes Health Connect (GLHC). The integration of these organizations in 2020 will lead to unprecedented advancements in the state's health information sharing infrastructure that can be leveraged across all payers and healthcare systems. GLHC also brings specialized experience in engaging the state's non-clinical partners in streamlining care coordination between healthcare and community partners.

Today, while the current users of the state's HIE network include partners in healthcare, the capacity for HIE to assist in the caseload of care managers and coordinators beyond clinical services has increasingly become a focus. Some of the prominent users of MiHIN, GLHC, and the state's HIEs currently include:

- Federal agencies (e.g. US Department of Veteran Affairs, CMS, Social Security Administration)
- National data exchange entities (e.g. CareEquality, CommonWell, eHealth Exchange)
- Associations that support healthcare and consumers (e.g. the Michigan Health and Hospital Association, Gift of Life, MedYear)
- Doctors and health systems
- Qualified organizations (e.g. regional HIEs, data management platforms [e.g. PCE Systems])
- Pharmacies
- The State of Michigan
- Health plans

Into the future, the State of Michigan will seek to address citizens' SDoH, and it will drive an influx of participation from community agencies in data sharing. To this end, an updated HIT strategic plan will look to address how to best integrate community service providers (e.g. food banks, shelters, personal need banks, community backbone organizations) into the HIE infrastructure and identify tools that will further assist in whole-person care coordination for citizens.





## STEP #2: ALIGN PRIORITIES



The primary goal for the strategic plan update of the Conduit to Care report is to engage the broad representation of stakeholders across Michigan’s healthcare and community service ecosystem. This engagement will seek to develop consensus-driven visioning and strategy for health information data sharing and technology. In 2020, this work will occur in two phases.

In the first phase of the project, an initial outreach campaign will be implemented to share details about the project and how to get involved. After the outreach campaign has been implemented, intimate stakeholder engagement sessions, such as regional roundtable events, will be convened across the state, inclusive of organizations in healthcare, community services, and representative of citizens’ interests. These sessions will seek to identify alignment between stakeholders’ visions, goals, and priorities related to optimization of HIT, more effective business operations, and ways to improve care coordination. To anchor these conversations initially, the MDHHS Strategic Priorities, adopted in 2019, will be presented as a baseline. MDHHS’ Strategic Priorities are explained in the following graphic.



<b>VISION</b>	Deliver health and opportunity to all Michiganders, reducing intergenerational poverty and health inequity			
<b>PRIORITY</b>	<b>Give all kids a healthy start</b>	<b>Provide families with stability to stay out of poverty</b>	<b>Serve the whole person</b>	<b>Use data to drive outcomes</b>
<b>DEPT. INITIATIVE</b>	 <ul style="list-style-type: none"> <li>• Improve maternal infant health</li> <li>• Reduce lead exposure for children</li> <li>• Reduce maltreatment and improve permanency in foster care</li> </ul>	 <ul style="list-style-type: none"> <li>• Expand and simplify safety net access</li> <li>• Protect the gains of the Healthy Michigan Plan</li> </ul>	 <ul style="list-style-type: none"> <li>• Address social determinants of health</li> <li>• Integrate services, including physical and behavioral health with long-term support services</li> <li>• Reduce opioid and drug-related deaths</li> </ul>	 <ul style="list-style-type: none"> <li>• Ensure all administrations are managing outcomes and investing in evidence-based solutions</li> </ul>

Following this engagement, stakeholder feedback and draft statewide priorities will be compiled and presented to the HIT Commission for consideration. Stakeholder feedback and input will serve as the foundation of an updated HIT strategic plan.

### STEP #3: IDENTIFY BARRIERS



Following initial stakeholder engagement, an environment scan and gap analysis will be conducted to inventory the state’s current service offerings and capabilities. This analysis will educate the commission and stakeholders on the current technical competences in the state’s HIT enterprise, and it will establish a cross-cutting strategic baseline from which the state HIT roadmap can develop long-term goals and priorities. In

this analysis, the “current state” and “desired future state” of HIT initiatives in Michigan will be examined, leveraging stakeholder insight, and it will guide the development of plans for future HIE business and technology service enhancements, including new policies, regulations, technical assistance and user education, communications, and other resources that assist stakeholders.

Together, stakeholder engagement and the gap analysis will provide crucial input to the development of an updated HIT strategic plan.

### STEP #4: PLAN FOR WHAT’S NEXT

The final phase of the state HIT strategy refresh will compile preliminary data, documented stakeholder input, and current state analysis into a 5+ year HIT Roadmap and other implementation tools. The outcome of this phase will include:

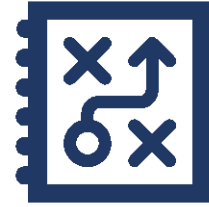
- Development of comprehensive and accessible documentation that describes a consensus-driven 5+ year plan for HIT in Michigan (i.e. Michigan HIT Roadmap)
- Alignment with other efforts related to advancing HIT and interoperability of healthcare data systems (e.g. the MiHIN “Advancing Interoperability” initiative)
- Development of measures to gauge implementation success
- Recommendations for sustainability of strategic plan updates



In this final phase, the state will realize several short and long-term benefits. In the short term, the creation of a road map will allow the state to gauge the performance of its data sharing and HIT capabilities. An updated HIT roadmap will ensure that the state, under the oversight of the HIT Commission, is meeting its goals for advancing HIT and

development of future use cases. An updated HIT dashboard will also be created to track progress. In terms of collaboration, the commission will also benefit from new partnerships and aligned priorities in an updated HIT strategic plan that will produce greater cooperation into the future. The establishment of a 5+ year vision and goals, in the long term, will help to ensure the continued maturity of HIE in Michigan and how it is funded (e.g. by federal and other state fiduciaries). Aligned priorities and consensus will ensure the most effective use of scarce funding resources into the future, by pursuing common efforts with joint funding models.

Over time, a long-range vision for HIT will direct the development of Michigan’s HIE infrastructure to achieve better technical, process, and governance outcomes. An updated HIT roadmap will transform the role of people, processes, and technology in healthcare. With the successes that this strategic plan refresh will achieve, the commission will be compelled to provide iterative updates to the strategy. MDHHS and the commission will work jointly to produce a plan for sustainability of strategic planning into the future, such as on an annual basis. Although this one-time effort to update the HIT strategy in 2020 will require extensive effort, a renewed plan will enable MDHHS and stakeholders to pursue common goals into the foreseeable future to further transform HIT, healthcare, and the health outcomes of Michiganders.



## HIT COMMISSION RECOMMENDATIONS

The following section outlines all resolutions that have been approved by the HIT Commission since 2008. This section also includes information on the implementation status of each resolution. Recommendations in green indicate completed implementation, yellow indicates in-progress implementation, and red indicates recommendations that could not be implemented.

Recommendation	Year Adopted	Implemented
The HIT Commission recommends that Michigan continue to provide grant funding for the MiHIN program to support a statewide infrastructure to ensure statewide exchange of health information.	2008	Yes
Recognize in all State of Michigan activities the HIT Commission adopted definition of Health Information Exchange (HIE).	2008	No
The Commission recommends that Michigan identify a place in the Public Health Code to Define HIE and serve as an expandable section for future HIE legislation.	2008	No
The HIT Commission recommends that Michigan establish “Informed Opt-out” as the method of consumer control for protected health information in an HIE.	2008	Yes (Under the State HIE Cooperative Agreement Program)
The HIT Commission recommends that a statewide infrastructure be developed to ensure that there is communication between HIEs. The recommended infrastructure is called a Master Patient Index (MPI) and a Record Locator Service (RLS). The HIT Commission recommends that the State of Michigan develop and implement an MPI and RLS to facilitate the sharing of information statewide.	2008	<u>Yes</u>
The HIT Commission recommended to MDCH that the overall goals of MiHIN should remain: 1.) Utilizing technology to improve healthcare outcomes and clinical workflow. This includes improving quality and safety, increasing fiscal responsibility, and increasing clinical and administrative efficiency; and 2.) Empower citizens with access to information about their own health.	2009	<u>Yes</u>
The HIT Commission recommended to MDCH that a new MiHIN approach should centralize certain elements of HIE technology and administration at the statewide level in order to attain the optimal economy of scale and achieve the most efficient use of available resources.	2009	<u>Yes</u>
State of Michigan MiHIN Shared Services Strategic Plan – In lieu of a traditional 2010 Annual Report, the HIT Commission adopted the State of Michigan MiHIN Shared Services Strategic Plan that was submitted to answer the announcement of the Office of the National Coordinator (ONC) State Health Information Exchange Cooperative Agreement Program Award.	2010	<u>Yes</u>

<p>The HIT Commission recommended that a member from the MiHIN initiative should be added to the HIT Commission. This member would be responsible for considering the impact of proposed recommendations, policies, and program activities may have on the statewide exchange of health information.</p>	<p>2010</p>	<p>No</p>
<p>The HIT Commission is upholding the recommendation from 2010 and adding an additional request for a member to be added to represent either the behavioral health or long-term care fields. Currently, there are no members on the HIT Commission that solely represent either of these important areas of healthcare in Michigan. The HIT Commission recommends that membership be capped at 15 members, and therefore only two new members should be added to the existing 13 members.</p>	<p>2011</p>	<p>No</p>
<p>The HIT Commission recommends that Michigan should continue to support the expansion of broadband to all areas of the state and that oversight is in place to ensure that it is affordable for clinician purchase.</p>	<p>2011</p>	<p>No</p>
<p>The HIT Commission recommends that as updates are made to the Michigan Public Health Code, the use of HIT should be acknowledged and encouraged. The way that healthcare is organized and administered is changing using technologies at the point of care, in the administration of care, and in payment. Michigan's governing law should be altered to reflect these changes and pave the way for continued innovation in HIT.</p>	<p>2011</p>	<p>No</p>
<p>The HIT Commission recommends that the need for consumer education about HIT be addressed through a consistent statewide campaign. Further, a resource should be identified to field questions and concerns from the public. The HIT Commission does not recommend whether this is a publicly or privately led initiative, only that the resources are clearly identified and available for consumers to provide privacy and security information.</p>	<p>2011</p>	<p>Ongoing</p>
<p>For the 2012 report, the HIT Commission is recommending a member to be added to represent the behavioral health, nursing field or long-term care fields. Currently, there are no members on the HIT Commission that solely represent any of these important areas of healthcare in Michigan. The HIT Commission recommends that membership be capped at 15 members, and therefore only two new members should be added to the existing 13 members.</p>	<p>2012</p>	<p>No</p>
<p>The HIT Commission recommends that as updates are made to the Michigan Public Health Code, the use of HIT and HIE should be acknowledged and encouraged. The way that healthcare is organized and administered is changing using technologies at the point of care, in the administration of care, and the exchange of clinical data. Michigan's governing law should be altered to</p>	<p>2012</p>	<p>No</p>

reflect these changes and pave the way for continued innovation in HIT and HIE.		
The HIT Commission recommends partnering with the Michigan Healthcare Cybersecurity Council (MiHCC), a task force formed as an action from the Governor Snyder’s Cyber Security Advisory Council, to review and potentially adopt cyber security recommendations in the Cyber Security White Paper.	2013	<u>Yes</u>
The HIT Commission recommends that the CIO Forum, Diversion Council, and MiHIN collaborate on producing a common form. This initiative will continue into 2014 activities, in which the HIT Commission will review the final product for formal recommendation to the Department of Community Health.	2013	<u>Yes</u>
The Michigan Health Information Technology Commission strongly encourages MiHIN (the Michigan Health Information Network) to complete the development of Qualified Data Sharing Organization criteria, to publicize and make known those criteria, and to encourage the appropriate organizations to participate in facilitating the exchange of health information throughout the State of Michigan.	2013	Yes
In 2013, the HIT Commission recommended that the CIO Forum, Diversion Council, and MiHIN collaborate on producing a common form. The HIT Commission recommends the Department of Community Health adopt the work produced by the aforementioned collaboration and use in response to <a href="#">PA 129 of 2014</a> .	2014	<u>Yes</u>
The HIT Commission supports the utilization of the Active Care Relationship Service and Common Key statewide service to achieve the policy goals of the Department. The HIT Commission also encourages Michigan healthcare stakeholders to participate in the following use cases: Active Care Relationship Service, Common Key Statewide Service, and Statewide Health Provider Directory. The HIT Commission recommends that the use cases should be implemented in a manner that promotes usability and addresses workflow issues for providers. The HIT Commission also encourages stakeholders to work together to achieve consensus and resolve barriers that are related to implementation of the use cases.	2015	Ongoing
The Michigan Health Information Technology Commission recommends a proposal for legislation to be enacted that addresses statewide adoption and use of Electronic Prescribing Controlled Substance (EPCS). The proposed legislation should be modeled after New York and Maine, who have enacted legislation to address the rising rates of prescription drug abuse by strengthening the controlled substance prescription monitoring program through mandatory electronic prescribing efforts.	2016	<u>Ongoing</u> (SB-0802 of 2018 did not pass)



<p>The Michigan Health Information Technology Commission recommends that the Michigan Prescription Drug and Opioid Abuse Commission and the Michigan HIT Commission establish a relationship that promotes coordination and collaboration in addressing and implementing the recommendations outlined in the Michigan Prescription Drug and Opioid Abuse Task Force’s Report of Findings and Recommendations for Action.</p>	<p>2016</p>	<p>Ongoing</p>
<p>The HIT Commission endorses the proposed updates to the standard consent form that was established under Public Act 129 of 2014. The commission also encourages MDHHS to analyze the tools that the department has at its disposal (including but not limited to CareConnect360) to enhance the sharing of physical health and behavioral health information.</p>	<p>2017</p>	<p>In Progress</p>
<p>The HIT Commission expresses its support for the statewide efforts to develop a standard framework for care coordination as summarized in the "Building Michigan’s Care Coordination Infrastructure" report. The HIT Commission also expresses its support for the definition of "care coordination" from the report and encourages the department to review and consider this definition. Finally, the HIT Commission requests that the department provide an update to the HIT Commission at the first meeting in 2018 on whether the definition could be adopted as a statewide standard. The department should address the following issues as part of the update:</p> <ul style="list-style-type: none"> <li>• How does the definition from the report align with definitions for care coordination from other sources?</li> <li>• Which policies and programs would be impacted by the adoption of a standard definition?</li> <li>• What is the regulatory authority under which the department could adopt a standard definition?</li> </ul>	<p>2017</p>	<p>In Progress</p>
<p>The HIT Commission recommends that the department develop a strategy for aligning different quality reporting and improvement efforts across the state. This strategy should be coordinated with the ongoing efforts of the Physician-Payer Quality Collaborative but should also encompass other initiatives across the state. The HIT Commission also encourages the department to include a representative from the commission as part of ongoing discussions about this strategy. Finally, the HIT Commission requests that the department provide an update on the strategy at the first meeting in 2018.</p>	<p>2017</p>	<p>In Progress</p>
<p>The HIT Commission recommends the reconvening of stakeholders to update the Conduit to Care report into a modern 5-year strategy roadmap. An updated HIT roadmap will enable the state to align under common goals and identify barriers to</p>	<p>2019</p>	<p>In Progress</p>

interoperability and adoption of health information technology and information exchange. The HIT Commission will use an updated HIT roadmap to its guide activities and functions.		
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